

# **NEBRASKA'S SMALLPOX PRE-EVENT VACCINATION PLAN**

**PUBLIC DISTRIBUTION  
DECEMBER, 2002**

**State of Nebraska Office of Homeland Security  
And  
Nebraska Health and Human Services System**

State of Nebraska Office of Homeland Security  
David Heineman, Lieutenant Governor, Director

Nebraska Health and Human Services System  
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## Definition of Terms and Acronyms

**NOTE: In this document, local health departments are those county and multi-county health departments recognized in LB692 (areas having at least 30,000 residents), plus Scotts Bluff County, Dakota County and Sandhills Multi-county Health District**

CDC = Centers for Disease Control and Prevention

DCHD = Douglas County Health Department

DIS = Disease Investigative Staff

HRSA = Health Resources Services Administration

LLCHD = Lincoln-Lancaster County Health Department

NeHAN = Nebraska Health Area Network

NE HHSS = Nebraska Health and Human Services System

NEMA = Nebraska Emergency Management Agency

NHA = Nebraska Hospital Association

NMA = Nebraska Medical Association

NPHL = Nebraska Public Health Laboratory

NPS = National Pharmaceutical Stockpile

SNS= Strategic National Stockpile

VAERS = Vaccine Adverse Event Reporting System

# **NEBRASKA'S SMALLPOX PRE-EVENT VACCINATION PLAN PUBLIC DISTRIBUTION DECEMBER, 2002**

## **INTRODUCTION**

A coordinated public health response is essential, should smallpox be used as a biological weapon. State, regional and local public health officials, local emergency management directors, private health care providers and communities must work in a coordinated, organized manner when dealing with the serious issues presented by a case of smallpox in Nebraska or elsewhere. The resources available to respond to smallpox vary considerably across the state. It is the responsibility of the Nebraska Office of Homeland Security, Nebraska Health and Human Services System (NE HHSS), local health departments, Nebraska Emergency Management Agency (NEMA) and other partners to make the best possible use of existing state and local public, private and volunteer resources. Warning periods are expected to be very short and tremendous personnel and material resources will be required during such a response. It is imperative that there are core groups of vaccinated individuals who can immediately respond to a smallpox emergency and perform those essential activities necessary to protect the public's health.

This document outlines Nebraska's pre-event vaccination plan and related activities essential to ensure that there are immunized public health officials, health care professionals and other essential service providers who are available to respond to a smallpox emergency. Individuals pre-vaccinated will: (1) conduct investigations and outbreak control for the initial suspected and confirmed cases of a smallpox event; (2) provide direct patient treatment and management to the initial suspected and confirmed smallpox cases; (3) offer relief and assistance to personnel working in hospitals where suspected and confirmed cases are being treated, (4) provide core infrastructure service in their respective hospitals during the mass smallpox immunization of their co-workers; (5) supervise mass immunization clinics and provide immunizations; (6) provide critical services to the state and communities during mass immunizations, including water, power and communication services, and law enforcement; and (7) provide translation services during case investigations, and for mass immunization clinics.

**NOTE: Every effort will be made to up-date this document with the most recent Federal requirements, recommendations and guidelines; regardless, NE HHSS will follow the latest requirements issued by the Federal Government and Centers for Disease Control and Prevention (CDC) and use the latest CDC recommendations and guidelines related to the diagnosis and control of smallpox disease, vaccine handling and administration, and the operation of mass clinics.**

## **A. Organization and Management**

### **1. Description of Structure and Management**

Provision of smallpox vaccine, pre- and post event, depends on the close collaboration of programs and agencies at the state and local levels. The smallpox immunization program activities are coordinated in the Bioterrorism Section, Public Health Assurance Division of the Nebraska Department of Health and Human Services System (NE HHSS). The Smallpox Immunization Coordinator is Grey Borden. Four back-ups have been identified for Mr. Borden.

At the state level, within HHSS, Mr. Borden works closely with Joann Schaefer, MD, Deputy Chief Medical Officer and Director of Bioterrorism Response, and Richard Raymond, MD, Chief Medical Officer, NE HHSS, who provides general oversight for all bioterrorism activities in HHSS. Dr. Raymond reports directly to Nebraska Governor Mike Johanns and the Homeland Security Policy Group. The Communicable Disease Program staff and Childhood Immunization Program staff are essential partners in implementing the smallpox immunization activities.

In addition, NE HHSS coordinates bioterrorism response activities with a number of other state agencies, organizations, and institutions, including but not limited to the Nebraska Office of Homeland Security, Nebraska Emergency Management Agency (NEMA), Nebraska Department of Education, Nebraska Department of Agriculture, University of Nebraska Medical Center and Creighton University Medical Center, community health centers, community action agencies, private medical community and local health departments.

On September 11, 2001, only 22 of the state's 93 counties were covered by 16 local health departments. Now, 92 of the 93 counties are covered by 22 local health departments. NE HHSS works closely with the Douglas County Health Department (DCHD), including Omaha, and the Lincoln-Lancaster County Health Department (LLCHD). These two health departments are full service, experienced health departments, providing services to 42% of Nebraska's population. They are responsible for the planning and implementation of public health activities in their counties, including smallpox planning and vaccination. NE HHSS is available to provide assistance to DCHD and LLCHD, if requested.

The health departments in the remaining counties are just now developing the capacity to be fully functioning health departments. For many of the newly developed health departments, the development of a comprehensive smallpox response plan is one of their first major assignments. Therefore, three NE HHSS teams will oversee pre-event smallpox vaccination in 20 local health departments covering 90 counties,

with the exception of Douglas and Lancaster, using the experience to train personnel and build local public health capacity.

In August, 2002, the Administration and NE HHSS appointed a special Smallpox Advisory Committee, serving as a Subcommittee of the Nebraska Bioterrorism Advisory Committee. Committee members represent the medical community, law enforcement, bio-ethics, National Guard, first responders, minority health, and other health related, urban and rural providers. The committee's assignment is to assist NE HHSS in the development of a plan for limited pre-event vaccination and to serve as a resource for other smallpox related issues.

(See C. Identification of Healthcare Smallpox Response Teams, for a description of members.)

## 2. Identification of Management Personnel By Name, Position Title, Program Function, and Contact Information

### Richard Raymond, MD, NE HHSS Chief Medical Officer

#### Functions

- Governor-appointed Executive Chairperson for the CDC and HRSA (Health Resources Services Administration) Bioterrorism Planning and Preparedness Grants;
- As a member of the NE HHSS Policy Cabinet, ensures the inclusion of an appropriate medical perspective in the development, adoption and implementation of NE HHSS policies, procedures and activities, including those related to smallpox preparedness
- Coordination of NE HHSS Bioterrorism Response activities with David Heineman, Lieutenant Governor, Director, Office of Homeland Security;
- Represents the NE Administration to the Legislature as requested;
- Dr. Raymond reports directly to Nebraska Governor Mike Johanns and the Homeland Security Policy Group.

#### Contact information

Telephone – office: (402) 471-8566

E-mail – dick.raymond@hhss.state.ne.us

Facsimile – (402) 471-9449

### Joann Schaefer, MD, NE HHSS Deputy Chief Medical Officer

#### Functions

- As the Deputy Chief Medical Officer for the Nebraska, coordinates and provides direction to the State, at the state and local levels, and to public and private entities, regarding Bioterrorism Preparedness and smallpox response;
- Oversee NE HHSS's responsibilities related to the Strategic National Stockpile (SNS);

- Education of top level policy makers (i.e. NE Legislature; Governor's Office; Office of Homeland Security), medical community and other government officials regarding smallpox preparedness, disease and vaccination
- Policy development and implementation related to bioterrorism and smallpox

Contact information

Telephone – office: (402) 471-8566

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Facsimile – (402) 471-9449

Grey Borden, Smallpox Immunization Coordinator

Functions:

- Coordinates the planning for and implementation of smallpox immunization clinics and related activities, pre- and post-event;
- Develops and/or implements policies, procedures, guidelines, regarding all aspects of smallpox vaccine administration;
- Vaccination team leader; oversees the state-wide operation of pre-event vaccination clinic sites
  - Education of clinic staff on all aspects of clinic operations, including informed consent, vaccine handling, record keeping, clinic flow, care of site, monitoring 'takes, etc.
  - Technical assistance to clinic staff;
  - Monitors performance quality at clinic sites.
- Oversees vaccine storage and distribution at the State;
- Back-up for data entry and management at the State;
- "Train the trainer" primary NE HHSS team member;
- Bioterrorism surveillance coordinator

Contact information

Telephone – office: (402) 471-2937

E-mail - grey.borden@hhss.state.ne.us

Facsimile – (402) 471-3601

Christine Newlon, RN, NE HHSS Communicable Disease Programs Administrator

Functions:

- Primary back-up to Grey Borden, Smallpox Immunization Coordinator
- Works with the Smallpox Immunization Coordinator in the planning and implementation of smallpox immunization clinics and related activities, pre- and post-event;
- Works with the Smallpox Immunization Coordinator in the development and/or implementation of policies, procedures, guidelines, regarding all aspects of smallpox vaccine administration;



- Vaccination team leader; oversees the operations of pre-event vaccination clinic sites across the state, excluding Douglas and Lancaster counties:
  - Education of clinic staff on all aspects of clinic operations, including informed consent, vaccine handling, record keeping, clinic flow, care of site, monitoring ‘takes, etc.
  - Provides technical assistance to clinic staff;
  - Monitors performance quality at clinic sites.
- Back-up to the Smallpox Immunization Coordinator regarding vaccine storage and distribution at the State;
- Primary “Train the trainer” NE HHSS team member.

Contact information

Telephone – office: (402) 471-2937

E-mail – christine.newlon@hhss.state.ne.us

Facsimile – (402) 471-3601

David Lawton, RN, Nebraska Health Alert Network (NeHAN)

Coordinator

Functions:

- Second on the back-up list to the Smallpox Immunization Coordinator;
- Vaccination team leader: Oversees the operation of pre-event vaccination clinic sites across the state, excluding Douglas and Lancaster counties:
  - Education of clinic staff on all aspects of clinic operations, including informed consent, vaccine handling, record keeping, clinic flow, care of site, monitoring ‘takes, etc.
  - Provides technical assistance to clinic staff;
  - Monitors performance quality at clinic sites
- Oversees data entry and management at the State;
- As NE Health Alert Network (NeHAN) Coordinator, on an on-going basis, provides educational updates to health care providers, hospitals and public health officials;
- “Train the trainer” primary NE HHSS team member.

Contact information

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Facsimile – (402) 471-3601

Keith Hansen, Preparedness Exercise Coordinator and NPS/SNS

Operations Coordinator

Functions:

- Third on the back-up list to Grey Borden, Smallpox Immunization Coordinator

- Vaccination team member: Assist team leader in the operation of pre-event vaccination clinic sites across the state, excluding Douglas and Lancaster counties:
  - Assists the team leader in the education of clinic staff on all aspects of clinic operations, including informed consent, vaccine handling, record keeping, clinic flow, care of site, monitoring 'takes, etc.
  - Provides technical assistance to clinic staff;
  - Monitors performance quality at clinic sites.
- Third on the back-up list to the Smallpox Immunization Coordinator regarding vaccine storage and distribution at the State.

Contact information

Telephone – office: (402) 471-2101

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Facsimile – (402) 471-3601

### 3. Timeline for Program Implementation

- December 9, 2002

The NE HHSS Smallpox Immunization Program is in place.

a. NE HHSS has:

- Identified the Smallpox Immunization Coordinator;
- Identified additional members of the NE HHSS Smallpox Immunization Program team;
- Outlined the responsibilities of the Smallpox Immunization Program Coordinator; and
- Identified and listed the responsibilities of the Smallpox Immunization Program team members;
- Completed the description of program operations and management structure;
- Formed and convened, on August 15, 2002, the Nebraska Smallpox Advisory Committee (a Subcommittee of the Nebraska Bioterrorism Advisory Committee);
- Identified the recipients of vaccine for a pre-event smallpox immunization program;
- Continued contact with the Smallpox Advisory Committee through E-mail, as guidance from CDC regarding pre-event programs and vaccine amounts have changed, to form a strategically identified expanded recipient list;
- Formed very strong ties with the Nebraska Hospital Association (NHA) and Nebraska Medical Association, incorporating them as partners in a pre-event smallpox immunization program;
- Developed work teams with the local health departments for pre-event vaccination;

- Shared the NE pre-event smallpox vaccination plan with the Association of State and Territorial Health Officers, the CDC, and individual states upon request.
- b. NE HHSS has accomplished a great deal since August 1, 2002, and implemented a number of activities. Those accomplishments, activities, and progress thus far, are detailed throughout Nebraska's Pre-event Smallpox Vaccination Plan.

## **B. Identification of Public Health Smallpox Response Teams**

### 1. Number of Teams

Nebraska has identified one public health smallpox response team, the Smallpox Public Health Strike Force. Members were chosen to ensure broad geographical representation to provide rapid response anywhere in the state, with the largest membership coming from the two most populous counties in the state, Douglas (Omaha) and Lancaster (Lincoln). Members of the Smallpox Public Health Strike Force will be used to investigate and respond to a suspected or confirmed case of smallpox. Members will:

- a. Assess and investigate potential cases;
- b. Identify and vaccinate exposed individuals;
- c. Coordinate the outbreak response;
- d. Begin the criminal investigation;
- e. Contact CDC for assistance;
- f. Order in additional vaccine and supplies;
- g. Oversee the operations of public immunization clinics across the state;
- h. Transport suspected and confirmed cases to tertiary care hospitals at the request of the attending physician, if not quarantined;
- i. Obtain specimens and perform laboratory testing;
- j. Provide translation when needed.

2. Composition of the Smallpox Public Health Strike Force, By Position, Title, Role, Agency Affiliation, and Doses Needed

Attachment 2

<b><u>NEBRASKA – SMALLPOX PUBLIC HEALTH STRIKE FORCE</u></b>	<b>DOSES NEEDED</b>
<b>Deputy Chief Medical Officer</b>	<b>1</b>
<b>State Epidemiologist</b>	<b>1</b>
<b>Immunization Program/Disease Control Investigative Staff</b>	<b>11</b>
<b>Communicable Disease Programs Administrator</b>	<b>1</b>
<b>Immunization – Program Manager</b>	<b>1</b>
<b>Arturo Coto, HHSS Public Health Assurance: DXed Smallpox &amp; Bilingual</b>	<b>1</b>
<b>Large Health Departments: Douglas and Lancaster Counties (15 doses each, identification of vaccine recipients determined at the local level)</b>	<b>30</b>
<b>Air Mobile Ambulance Services (30 doses) If unable to fly vaccine recipients will travel by ground ambulance to assure coverage in all weather.</b>	<b>30</b>
<b>Nebraska State Patrol (6 doses)</b>	<b>6</b>
<b>Public Health Lab</b>	<b>4</b>
<b>Others With Potential Face to Face Contact (i.e. Infectious Disease Specialists, Dermatologists, etc)</b>	<b>60</b>
<b>Translators</b>	<b>24</b>
<b>TOTAL</b>	<b>170</b>

- a. Position and Title: Director of Smallpox Public Health Strike Force Response; Deputy Chief Medical Officer  
 Role:  
 1) Overall direction and oversight of all response activities;  
 2) In the absence of the Chief Medical Officer, oversees dissemination of morbidity and mortality information to public health officials, the medical community and the public.  
 Agency: NE HHSS  
 Doses needed: 1 dose
- b. Position and Title: Nebraska State Epidemiologist; MD  
 Role: At the state level:  
 1) When a suspected case of smallpox is reported in Nebraska, the State Epidemiologist, Epidemiology staff, and other key identified members of the Smallpox Public Health Strike Force travel by the fastest available method, to the patient and care providers to interview the patient and close contacts, obtain laboratory test specimens, etc., in order to confirm or rule out smallpox.

- 2) The NE State Epidemiologist will consider implementing quarantine procedures for the patient and caregivers, after discussion with and approval by the Chief Medical Officer, Administration, and notification to the Office of Communications.
- 3) If it is determined that there is a strong possibility that the illness in Nebraska is smallpox, the NE HHSS Chief Medical Officer will immediately be notified. In turn, the Chief Medical Officer will notify the Centers for Disease Control and Prevention, Nebraska Governor's Office, Nebraska Office of Homeland Security, NE HHSS Communications, and NeHAN.
- 4) Coordinates case investigation activities and contact tracing; patient and contact education; oversees the implementation of control measures; analyzes data regarding case morbidity and mortality; evaluates effectiveness of control measures;

Agency: NE HHSS

- c. Position and Title: Immunization Program/Disease Investigation Specialist (DIS)

Role: Disease Control Investigative Staff are:

- 1) Geographically dispersed across the state, and available to immediately travel to a patient to initiate a case investigation. Maximum travel time by car to the case is two hours;
- 2) Available to assist the State Epidemiologist in case investigation activities and contact tracing; education of patients, contacts, and health care provider and contacts; assist with the implementation of control measures;
- 3) DIS that are registered nurses can provide vaccinations to close contacts at the time of the interviews;
- 4) DIS that are registered nurses will provide technical assistance and oversight at pre- and post-event vaccination clinics, including informed consent, vaccine handling, record keeping, clinic flow, care of site, monitoring 'takes, etc.

Agency: NE HHSS

Doses needed: 11 doses

- d. Position and Title: Communicable Disease Programs Administrator, RN

Roles: The Communicable Disease Programs Administrator's responsibilities include:

- 1) Vaccination team leader; oversees the operations of pre- and post-event vaccination clinic sites across the state, excluding Douglas and Lancaster counties:
  - Education of clinic staff on all aspects of clinic operations, including informed consent, vaccine handling, record keeping, clinic flow, care of site, monitoring 'takes, etc.
  - Provides technical assistance to clinic staff;
  - Monitors performance quality at clinic sites.
- 2) "Train the trainer" primary NE HHSS team member;

- 3) Back-up to the Smallpox Immunization Coordinator regarding vaccine storage and distribution at the State;
- 4) When a suspected case or confirmed case of smallpox is reported in Nebraska, accompany and/or assist the State Epidemiologist with case investigations, contact tracing and vaccination;
- 5) Work with NE HHSS legal advisors to initiate quarantine procedures if indicated;
- 6) Because of her expertise and experience in program administration, oversight and service delivery, oversee other assigned activities or act as back-up to other NE HHSS staff, as needed.

Agency: NE HHSS

Doses needed: 1 dose

e. Position and Title: Smallpox Immunization Coordinator

Role: Roles: The Smallpox Immunization Communicable Disease Programs Administrator's responsibilities include:

- 1) Coordination for the planning for and implementation of smallpox immunization clinics and related activities, pre- and post-event;
- 2) Vaccination team leader; oversees the operations of pre- and post-event vaccination clinic sites across the state, excluding Douglas and Lancaster counties;
  - Education of clinic staff on all aspects of clinic operations, including informed consent, vaccine handling, record keeping, clinic flow, care of site, monitoring 'takes, etc.
  - Provides technical assistance to clinic staff;
  - Monitors performance quality at clinic sites.
- 3) "Train the trainer" primary NE HHSS team member;
- 4) Oversees vaccine storage and distribution at the State;
- 5) If necessary, when a suspected case or confirmed case of smallpox is reported in Nebraska, assist with case investigations and contact tracing.

Agency: NE HHSS

Doses needed: 1 dose

f. Position and Title: Chronic Disease Epidemiologist, Arturo Coto

Role: Mr. Coto's responsibilities include:

- 1) Translation (Spanish);
- 2) Providing education about smallpox disease and vaccination to Spanish-speaking individuals living in Nebraska;
- 3) Case investigation and contact tracing; as a physician in El Salvador, Mr. Coto saw patients infected with smallpox.
- 4) Translation in mass vaccination clinics.

Agency: NE HHSS, Office of Epidemiology

Doses needed: 1 dose

g. Douglas County Health Department and Lincoln-Lancaster County Health Department staff

Role: Douglas County Health Department (DCHD), including Omaha, and the Lincoln-Lancaster County Health Department (LLCHD).

- 1) These two health departments are full service, experienced health departments. They are responsible for the planning and implementation of public health activities in their counties, including disease investigation and follow-up, contact tracing, implementation of control measures; smallpox response planning, implementation and vaccination.
- 2) By contract, and support with Federal CDC Bioterrorism funds, DCHD and LLCHD have increased their Epidemiology staff. These staff are available for statewide epidemiological investigations.
- 3) DCHD and LLCHD have each identified 15 staff that make up their Public Health Smallpox Response Team.

Doses needed: 30 (For additional information regarding DCHD's and LLCHD's smallpox preparedness plans, contact the health departments directly.)

h. Air mobile ambulance services

Role: Nebraska covers an area of approximately 77,200 square miles; it is over 200 miles from the southern to northern border and almost 500 miles from the Wyoming border to the Iowa border, yet 42% of the population live on the eastern border within 50 miles of each other. Air mobile ambulance services are essential for rapid transportation of patients to tertiary care hospitals.

- 1) Five air mobile ambulance units, geographically dispersed across the state, will transport suspected and confirmed cases to tertiary care hospitals, at the request of physicians, if not under quarantine.
- 2) Maximum air transport time to a tertiary care hospital is two hours.
- 3) The air mobile ambulance units will use ground transportation if weather conditions are unfavorable for flying.

Agencies: Air mobile ambulance units are privately operated and contract with hospitals for their services.

Doses needed: 6 doses per each of the 5 units

i. Nebraska State Patrol

Role: The Nebraska State Patrol has been requested to identify the names of six officers, geographically dispersed across the state, who will be vaccinated pre-event and who will provide immediate law enforcement assistance for quarantine measures; and other necessary security measures (i.e. escort vaccine transportation across the state) as necessary.

Agency: Nebraska State Patrol

Doses needed: 30 doses; 6 doses per each of 5 units, to cover two flight teams per each service.

j. Nebraska Public Health Laboratory (NPHL)

Role: Key laboratorians at NPHL will be vaccinated to reduce the risk of accidental infection.

- 1) The NPHL is currently conducting varicella testing to rule in or rule out chickenpox.
- 2) The NPHL has applied for and received permission to be rated as LRN Level-B laboratory (presumptive) for variola virus.
- 3) The NPHL has applied for permission to be rated as a LRN Level-C (confirmatory) laboratory. The application deadline was December 4, 2002. Approval will be made by the CDC after that time for the LRN Level-C labs.

Agency: NE HHSS

Doses needed: 4

k. Others with potential face to face contact

Role:

- 1) Infectious disease specialists and dermatologists are included as part of the Public Health Strike Force that will investigate and assist hospitals and health care providers in diagnosing and caring for suspected and/or confirmed cases of smallpox.
- 2) NE HHSS will identify several infectious disease specialists who will be available to immediately provide consultation, either face to face, or by telephone, to a health care provider whose patient is suspected to have or is confirmed to have smallpox or to consult on vaccination reactions or complications. Consultants will be available on a rotating schedule to ensure continual coverage, 24 hours a day, 7 days a week, 365 days a year.

Agencies: Volunteer private practitioners;

3-5 private providers, on contract with NE HHSS, to provide consultation services to private providers across the state

Doses needed: 60

l. Translators

Role: Translators are essential members of the Strike Forces and will:

- 1) Assist public health officials with conducting case investigations and contact interviews with non-English speaking persons;
- 2) Provide translation services in mass immunization clinics;
- 3) Assist in providing information about smallpox disease and vaccination to non-English speaking persons living in Nebraska;

Doses needed: 24

3. Timeline for Selection and Vaccination of the Smallpox Public Health Strike Force

• December 9, 2002

- a. Selection has been completed of the following members of the Smallpox Public Health Strike Force:
  - Deputy Chief Medical Officer,
  - State Epidemiologist,
  - Immunization Program/Disease Control Investigative Staff,
  - Communicable Disease Programs Administrator,
  - Smallpox Immunization Program Administrator,
  - Arturo Coto,



- DCHD,
  - LLCHD,
  - NPHL,
  - Translators
- b. On November 19, 2002, NE HHSS requested the identification of the members from the following groups :
- Air mobile ambulance services,
  - Nebraska State Patrol,
  - Others with potential face to face contact (i.e. infectious disease specialists and dermatologists).
- No later than 2 weeks (14 days) after the National Smallpox Vaccination Program's start date (if not before), NE HHSS will have completed the identification of the Strike Force members (See b., above).
  - No later than 5 weeks (35 days) after the National Smallpox Vaccination Program's start date, NE HHSS will complete the vaccination of all members of the Smallpox Public Health Strike Force. Strike Force members will be vaccinated at clinic site closest to them, or they can attend any site if unable to attend the closest clinic. (See C., 5. Timeline for Selection of Hospitals, Response Teams and Vaccination Clinic Schedule for further details.)

### **C. Identification of Healthcare Smallpox Response Teams**

In August, 2002, the Administration and NE HHSS appointed a special Smallpox Advisory Committee, serving as a Subcommittee of the Nebraska Bioterrorism Advisory Committee. Committee members represent the medical community, law enforcement, bio-ethics, National Guard, first responders, minority health, and other health related, urban and rural providers. Members are listed on Attachment 3.

The task of the Smallpox Advisory Committee is to assist NE HHSS in the development of a plan for limited pre-event vaccination and to serve as a resource for other smallpox related issues. Because no guidance had been received from the Centers for Disease Control and Prevention (CDC) regarding this issue at the time of the August meeting, and since it was assumed that pre-event vaccine would be in 100 dose units, diluted five fold, the committee prioritized pre-event vaccination, anticipating that Nebraska would receive vaccine in increments of 500 doses per vial. At that time, best information was that a very limited amount of vaccine would be released. Targeted populations and allocations of vaccine were drafted for 500, 1000, and 1500 doses. Two key components of the plan were:

1. The identification of a Smallpox Public Health Strike Force; and
2. The geographical distribution of pre-event doses across the state for Smallpox Response Healthcare Teams.

On October 8, 2002, the proposed allocations were submitted to and received approval from Lieutenant Governor Heineman, Director of the Nebraska Office of Homeland Security, and the Homeland Security Policy Group on behalf of Governor Johanns.

NE HHSS now understands that Phase I of the CDC's Smallpox Vaccination Plan includes up to 500,000 doses of DryVAX in 100 dose vials for use in a pre-event vaccination program. Since the August 2002 meeting, internal discussions and re-evaluation by the **NE HHSS Smallpox Response Team have produced a pre-event smallpox vaccination plan that requires 4000 doses of vaccine; therefore, 4000 doses is what NE HHSS is requesting at this time.** The revised plan has been shared through e-mail with the Smallpox Advisory Committee and has received general approval. When the National announcement is made as to the actual state allocations, the Advisory Committee will be immediately re-convened on an emergency basis for open discussion and recommended adjustments to best ensure appropriate distribution of smallpox vaccine across the state and across essential professions. Those recommendations will then be given to the Nebraska Homeland Security Policy Group for approval or modification.

## Attachment 4

<b>Smallpox Allocation</b>	<b>4000 Doses</b>
<b># of Doses</b>	<b>Target Groups</b>
170	Public Health Strike Team
96	Hospitals in large Counties likely to receive referrals: 6 doses per hospital [Douglas(6), Sarpy(1), Lancaster(3), Hall(1), Buffalo (1), Adams(1), Lincoln(1), Scotts Bluff(1), Madison(1 )]
222	62 hospitals in small counties: 3 doses per hospital; 6 doses for Indian Health Services (Winnebago, Macy, Santee)
250	Medical Specialists to be allocated to hospitals per census
150	Essential Services (i.e. power, water, telephone, transportation)
50	Local and Regional Health Departments (excludes DCHD & LLCHD)
45	FBI & other Law Enforcement including tribal law enforcement
200	National Guard Security and Immunization Team
300	Immunization Providers
500	Stockpile for immediate post-exposure vaccination of health care providers, family members
100	Community Health Centers
24	Additional Lab personnel
24	Additional interpreters
1852	Distributed proportionally to hospitals (discharging >1000 patients/yr and each accounting for >0.5% of state's total discharges)
<b>4000*</b>	

\*Note: The individual amounts allocated to each target group do not total 4000 doses, taking into account vials with less than 100 doses and the need to provide allotments to DCHD and LLCHD.

#### 1. Number of Hospitals, Healthcare Providers and Other Targeted

Populations Expected To Participate (per approval of NE's plan and CDC guidelines)

- a. Hospital Response Teams: 318 doses (based on maximum 500 dose allotment)
  - 1) All (100%) acute care hospitals (85 acute care hospitals) are expected to participate.
    - a) The initial allotment to hospitals in counties with the largest populations, based on the scenario that Nebraska would receive 500 doses at the most, was 6 doses per hospital. [Douglas (6), Sarpy (1), Lancaster (3), Hall (1), Buffalo (1), Adams (1), Lincoln (1), Scotts Bluff (1), Madison (1)]
    - b) The initial allotment to hospitals in counties with the smaller populations, based on the scenario that Nebraska would receive 500 doses at the most, was 3 doses per hospital.

- c) The initial allotment to Indian Health Services facilities, based on the scenario that Nebraska would receive 500 doses, was 2 doses per facility. (Winnebago, Macy, Santee)
- 2) In October, and in subsequent mailings, the Nebraska Medical Association (NMA) has communicated with Nebraska physicians, and the Nebraska Hospital Association (NHA) has corresponded with the Nebraska hospital administrators, on behalf of NE HHSS, informing them of their allocations under the limited plan of 500 doses of vaccine anticipated to be received in the State, educating them about the vaccine and contraindications, and asking each hospital to designate a response team to receive its smallpox vaccine allotment, pre-event. (Attachment 5)
- 3) In October, the three Indian Health Services facilities were also notified of their initial allotment and also asked to identify two response team members to be vaccinated, pre-event. That information will soon be in. Great care has been taken in this area, due to the historical relevance of smallpox in the Native American population.
- b. Healthcare providers: 2102 doses (based on 4000 doses requested)
  - 1) Medical specialists to be allocated to hospitals per census (250 doses):
    - a) All 15 (100%) of the state's largest identified hospitals are expected to participate; and
    - b) 250 volunteer medical specialists (100%) are expected to participate in pre-event vaccination.

Anticipating that Nebraska will receive 4000 doses, an additional 250 doses are allocated to medical specialists practicing in the state's 15 largest hospitals, based on Year 2001 discharge data. These doses are directed at those specialists required for hospitals to function while staff are receiving mass vaccinations and include the Emergency Department, Anesthesiology, Obstetrics, Critical Care Units, and General Surgery, as examples. (Attachment 6) Exceptions have been made to increase the number of specialists for Children's Hospital, because of its unique services provided and its key role in health care for special populations.
  - 2) Proportionate distribution of doses to hospitals seeing greater than 0.5% or more of the state's patients, based on Year 2001 discharge data (1852 doses):
 

These hospitals all had greater than 1000 discharges in Year 2001.

    - a) All 26 (100%) of identified hospitals are expected to participate; and
    - b) 1852 volunteer health care providers and other essential staff (100% of allocated doses) are expected to participate in pre-event vaccination.

Anticipating that Nebraska will receive 4000 doses, an additional 1852 doses above those called for in the 1500 dose scenario, are

allocated to the state's 26 hospitals, including the Omaha Veterans Administration Hospital, seeing greater than 0.5% of the state's patients, based on Year 2001 discharge data. Per the October 2002 ACIP Smallpox Vaccine Recommendations, these doses are directed at hospital patient care providers with emphasis on Critical Care Units and Emergency Room staff (physicians, nurses, etc.), etc.) and other essential hospital staff (i.e. infection control, respiratory therapists, radiologists, laboratory, housekeeping, security, dietary ). (Attachment 7)

- c. Other Priority Populations and Professions
  - 1) Essential Services (150 doses)
    - All companies (100% of identified companies) are expected to participate, and
    - 150 essential service providers (100% of allocated doses) are expected to be vaccinated, pre-event.
  - 2) Local Health Departments (50 doses for the remaining 20 local health departments)
    - All 20 additional health departments (100%) are expected to participate, and
    - 50 essential local health department staff (100% of allocated doses) are expected to be vaccinated, pre-event.
  - 3) FBI and other law enforcement, including tribal law enforcement (45 doses)
    - The FBI and other law enforcement agencies, including the Native American Tribes, are expected to participate and identify 45 volunteers (100% of allocated doses) to be vaccinated, pre-event.
  - 4) National Guard Security and Immunization Team (200 doses)
    - Unless Federalized, The Nebraska National Guard is expected to pre-vaccinate 200 personnel (100% of allocated doses).
  - 5) Immunization providers (300 doses)
    - 300 volunteers (100% of allocated doses) from Nebraska's public childhood immunization clinics and from private medical clinics are expected to be vaccinated, pre-event (approximately 3 doses per mass clinic sites as identified in NE's Post-event Smallpox Immunization Plan).
  - 6) Community Health Centers (100 doses)
    - Four (100%) community health centers (in Omaha, Charles Drew Health Center and Indian/Chicano Health Center; Urban/Indian Health Center, Lincoln; and Panhandle Community Health Center, Scottsbluff) are expected to participate, and
    - 100 community center staff and volunteers have been identified to be vaccinated, pre-event.

- 7) Additional laboratory personnel (24 doses):
  - 24 (100% of allocated doses) additional laboratory personnel, located in at 6 regional laboratories in Nebraska that will be testing for varicella, are expected to be vaccinated, pre-event.
- 8) Additional interpreters (24 doses):
  - An additional 24 interpreters (100% of allocated doses) geographically dispersed across the state in areas with significant numbers of non-English-speaking persons, have been identified and will be vaccinated, pre-event.
- 9) Stockpile
  - 500 doses will be stockpiled for rapid administration to case contacts and potential case contacts, in the event that a sentinel case is confirmed in Nebraska, and while waiting for smallpox vaccine to be shipped from the CDC.

## 2. Number and Occupational Types Expected To Be Vaccinated

Much of this information was provided previously in B. 2. Composition of the Smallpox Public Health Strike Force, By Position, Title, Role, Agency Affiliation, and Doses Needed; and C. 1. Number of Hospitals, Healthcare Providers and Other Targeted Populations Expected To Participate.

In addition to the information previously provided:

The response to the October requests, from the NMA and the NHA, requesting hospitals to designate smallpox response teams for pre-event vaccination, is as follows:

- 46 of the state's 85 acute care hospitals have identified the members of their smallpox response team; the number is increasing daily;
- Hospital team members should be made up of those most likely to respond to a suspected or confirmed case of smallpox, to provide relief to a contaminated hospital, or to provide critical services locally during mass immunization clinics and in smaller, critical access hospitals. Teams should include at least one physician, physician's assistant or advanced practice registered nurse. Other team members might include nursing, laboratory or radiological staff so that a variety of health professions are available to provide relief to another hospital.
- For larger hospitals with larger allotments, the teams should be consistent with the ACIP Recommendations, issues October 2002.
- The NE HHSS Internal Smallpox Committee will review the lists submitted by the hospitals and suggest any needed adjustments in personnel categories in order to ensure there is cross-representation and geographical distribution across the state of professions, skills and responsibilities.

### 3. Responsibilities of Hospitals and Other Priority Populations and Professions Regarding Pre-event Vaccination

- a. Hospital and health care provider responsibilities
  - 1) Vaccinations are voluntary.
  - 2) Strict contraindications are to be followed when identifying members of the Pre-event Smallpox Response Team to protect against avoidable complications. Hospitals will follow criteria as outlined in CDC Annex 6.
  - 3) Vaccinated hospital care providers may be called upon to provide relief to another hospital contaminated or thought to be contaminated with a smallpox victim in order to protect unvaccinated staff from exposure and uninfected patients from misadventures by an exhausted quarantined staff.
  - 4) NE HHSS is compiling data bases that will include the names, professions, skills and locating information for persons pre-vaccinated, so that these persons can be called upon, should a case of smallpox occur.
  - 5) NE HHSS, DCHD, and LLCHD will oversee pre-event vaccination clinics at the hospitals and other locations.
  - 6) Hospital personnel, local health department personnel, other identified mass clinic immunizers, and potential mass clinic staff may assist in pre-event immunization clinics, for training purposes, as appropriate, and approved by NE HHSS, DCHD, and LLCHD staff overseeing the pre-event vaccination clinic.
  - 7) Health care providers must follow wound site management as directed by the CDC (Annex 6). Failure to do so will result in removal from the work place until the scab falls off, and may also result in disciplinary action by the hospital.
  - 8) Health care providers must have their vaccination site evaluated on a daily basis by the individual designated by the hospital (CDC, Annex 6).
- 9) Additional responsibilities
  - a) Pre-vaccination education
    - NE HHSS, DCHD and LLCHD will provide hospitals with, and hospitals must use, the latest information, as published by the CDC, when educating potential vaccine recipients regarding vaccine risks, contraindications, care of the vaccination site, infection control measures to avoid secondary infection of the recipient, family members, patients, and other close contacts.
  - b) Screening
    - NE HHSS, DCHD and LLCHD will provide hospitals with, and hospitals must use, the latest screening criteria, as published by the CDC, when screening potential vaccine recipients.

- NE HHSS, DCHD, LLCHD and the hospitals will document pre-vaccination education, and screening, using forms provided by CDC, and in accordance with CDC requirements.
- c) Post-vaccination
  - The hospital will appoint an individual (i.e. hospital infection control practitioner or occupational health) to evaluate vaccinees on a daily basis, including assessment of the vaccine site, recording the assessment in the recipients' records, monitoring for signs and symptoms of adverse events, tracking sick leave used as a result of vaccination.
  - The hospital will indicate in the recipients' personnel files, whether the vaccination took or not.
  - The hospital will provide public health officials with all required data related to the vaccination and vaccinees.
  - Persons thought to be experiencing an adverse reaction will be referred to their personal physician for further evaluation and treatment, if necessary.
  - The hospital will submit reports of adverse events to NE HHSS for entry into the CDC VAERS (Vaccine Adverse Event Reporting System)
- b. Responsibilities of Other Priority Populations, Professions and Employers Identified for Pre-event Vaccination
  - 1) Common responsibilities
    - a) Vaccinations are voluntary.
    - b) Employers will educate individuals, using materials supplied by NE HHSS and CDC, prior to identifying them as potential recipients of pre-event vaccination (CDC Annex 6).
    - c) Strict contraindications are to be followed when identifying persons to be pre-vaccinated, to protect against avoidable complications. (CDC Annex 6)
    - d) Using CDC's educational and reference materials, recipients will report to the closest hospital's designee monitoring takes. If the distance is too great, the recipient will call into the designated monitor, and provide information on the vaccination site, to determine whether there was a take or not;.
    - e) Employers will monitor number of sick days taken by vaccinated staff, and provide the information to their designated public health official.
    - f) Vaccinated individuals will seek the advice of their personal physicians, if they believe that they are experiencing serious side effects from the vaccine. Their private physicians will report adverse events to NE HHSS, who will enter the data into VAERS.
    - g) NE HHSS is compiling data bases that will include the names, professions, skills and locating information for persons pre-vaccinated, so that these persons can be called upon to relieve



exhausted staff, or provide additional needed support, should a case of smallpox occur.

- 2) Responsibilities of Essential Services  
Services such as power, communication, transportation, and water are essential; without these services, mass immunizations can not take place, and patient care would be severely hindered. Therefore, 150 doses have been allocated essential public services.
- 3) Local Health Departments  
NE HHSS will use smallpox response activities to train personnel in the remaining 20 local health departments, building local public health capacity. Staff in the smaller health departments will perform smallpox response activities in their areas, including assisting NE HHSS Epidemiology staff with case investigation and follow-up, contact tracing, implementation of control measures, smallpox response planning, implementation and vaccination.
- 4) FBI and other law enforcement, including tribal law enforcement (45 doses)
  - a) The FBI will conduct criminal investigations if it is suspected that smallpox cases are the results of a terrorist exposure.
  - b) The additional law enforcement officers, geographically dispersed across the state, will provide immediate law enforcement assistance for quarantine measures, and other security measures as necessary (i.e. escorting vaccine being transported across the state; security at mass clinics).
- 5) National Guard
  - a) If not federalized, members of the Nebraska units of the Air and Army National Guard will operate a mass vaccination team that will assist NE HHSS, DHCD and LLCHD, as needed.
  - b) The Guard will also assist with crowd control at mass clinics and provide other security as needed across the state (i.e. guard the vaccine as it is transported).
  - c) The team will assist NE HHSS in pre-vaccinating targeted populations and in mass vaccination clinics.
  - d) The Air Guard Units in Region VII are exploring the possibility of providing assistance in neighboring states, should the need arise for homeland defense. (i.e. Iowa's units could assist Nebraska, should Nebraska's units be deployed overseas). The group will explore how the Guard's regional response plan might be applied to a smallpox event.
- 6) Immunization providers  
NE HHSS will rely on staff from the local childhood public immunization clinics and private providers to assist in mass smallpox clinics.

- 7) Community Health Centers
  - a) The staff of four community health centers in Nebraska will assist with mass immunization of special populations at their clinic sites, and
  - b) Provide translation services in mass public immunization clinics.
- 8) Laboratory personnel  
Laboratory personnel in 6 regional laboratories in Nebraska will provide testing to confirm or rule out varicella.
- 9) Translators  
Translators will be utilized by NE HHSS and local health officials, as needed, during disease investigations and also, in mass immunization clinics, educating non-English speaking individuals about smallpox disease and vaccination.

#### 4. Timeline for Selection of Hospitals, Response Teams and Vaccination

- December 9, 2002
  - All hospitals, and other priority populations, professions and employers identified for pre-event vaccination have been asked to identify their response team members, using the criteria outlined in 3. Responsibilities of Hospitals and Other Priority Populations and Professions Regarding Pre-vaccination.
  - A number of teams and individuals have already been identified, as previously indicated in the Plan.
- No later than 2 weeks (14 days) after the National Smallpox Vaccination Program's start date, NE HHSS will confirm with all hospitals, and other professions and employers identified for pre-event vaccination, that response team members have been identified.  
No later than 5 weeks (35 days) after the National Smallpox Vaccination Program's start date, NE HHSS will complete all pre-event vaccination.  
(See C., 5. Timeline for Selection of Hospitals, Response Teams and Vaccination Clinic Schedule for further details.)

### **D. Selection of Clinic Sites and Vaccination Teams**

#### 1. Number and Tentative Locations of Sites

- a. Pre-event vaccination will take place in fifteen clinic sites, one per town, geographically dispersed across the state.
- b. Vaccinations will take place in 2 waves. Half of each team will be vaccinated during the first wave/week and the other half will be vaccinated 1-2 weeks later, when the NE HHSS vaccination teams return to each clinic sites a second time. Those with a history of previous smallpox vaccination will be vaccinated during the first week, per October 2002, ACIP Recommendations.

- c. Local health departments, working collaboratively with NE HHSS and the community, will identify appropriate pre-event clinic sites in the 15 towns across Nebraska. (i.e. hospitals).
- d. DCHD and LLCHD have identified one site each, with the hours and days being determined by the local health officials, dependant upon the allotments and dates received.

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### **PRE-EVENT VACCINE CLINIC SCHEDULE (EXCLUDING DOUGLAS AND LANCASTER COUNTIES)**

3 Teams: 2 NE HHSS staff per team (one administrator/educator and one 'paper work/educator'); other members from local health departments may be assigned as needed for training purposes.

#### Week One

Pre-event vaccination will take place in fifteen clinic sites, one per town, geographically dispersed across the state

#### Week Two

Assess DCHD's and LLCHD's status; provide assistance from NE HHSS teams or the NE Guard vaccination team, if necessary.

#### Week Three

Repeat the same schedule as Week One.

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## 2. Selection and Training of Teams, Including Supervision, Management and Evaluation of Clinic and Clinic Personnel

- a. Selection of Vaccination Teams, Supervision, Management and Evaluation
  - 1) NE HHSS will have 3 Pre-event Vaccination Teams: 2 NE HHSS staff per team (one administrator/educator and one 'paper work/educator').
  - 2) Local health department staff and potential mass immunization staff will assist NE HHSS at pre-event clinic sites. Pre-event clinics will be used to educate local health departments of all aspects of smallpox vaccine administration (screening, vaccine handling and administration, patient education, etc.) and mass clinic operation.
  - 3) DCHD and LLCHD are responsible for identifying their counties' pre-vaccination teams.
  - 4) NE HHSS, DCHD and LLCHD will be responsible for supervision, management, and evaluation of all pre-event clinics and clinic personnel.
    - a) NE HHSS, DCHD and LLCHD will follow all CDC criteria as provided, and Nebraska's Guidelines for Mass Administration of Vaccines and Prophylactic Medications (document available upon request.)
    - b) The staffs of NE HHSS, DCHD and LLCHD will be performing and/or directly supervising all pre-event clinic operations to ensure compliance with CDC criteria and Nebraska's Guidelines

for Mass Administration of Vaccines and Prophylactic Medications.

- c) All pre-event clinic staff will receive training and orientation before performing any clinic function.
- d) Individuals not complying with CDC criteria and Nebraska's Guidelines for Mass Administration of Vaccines and Prophylactic Medications will be dismissed.

b. Training

- 1) NE HHSS, NMA, NHA, local health departments, the Public Health Association of Nebraska, the Association of Infection Control Practitioners and other professional organizations broadly distributed information regarding CDC's Pre-event Smallpox Training that occurred on December 5 and 6, 2002. Taped copies of the training sessions are available from NE HHSS and NE Bioterrorism Education Consortium.
- 2) NE HHSS will continue to distribute CDC smallpox educational and training materials (pamphlets, posters, etc.) to local health departments and health care providers.
- 3) NE HHSS will participate in CDC's 'train the trainer' education related to the administration of smallpox vaccine and operating mass public clinics. The core 'train the trainer' team members will include the Communicable Disease Program administrator (Christine Newlon, RN), the Smallpox Immunization Clinic Coordinator (Grey Borden), the Nebraska Bioterrorism Education Consortium training (Sharon Medcalf, RN), David Lawton, RN, NeHANS Coordinator, and the NE HHSS Chief Medical Officer (Dick Raymond, MD). Additional members will be identified, based on availability of space.
- 4) NE HHSS will assign additional NE HHSS staff as needed to accompany and assist core team members at pre-event vaccination clinics in training activities aimed at local health department personnel, potential mass clinic personnel, hospital response teams and other identified priority groups receiving pre-event immunization.
- 5) Vaccination 'train the trainer' team members are being selected by the Nebraska Guard units, LLCHD, DCHD and all other local health departments.
- 6) The team members from the Guard, and local health departments, other than DCHD and LLCHD, will accompany the NE HHSS team to the first pre-event vaccination clinics, or to a later clinic, if more convenient, to participate in hands-on education and experience in vaccine administration and mass clinic operations. (DCHD and LLCHD already have experience with mass immunization clinics.)
- 7) DCHD and LLCHD will educate health care providers and immunization staff in their counties regarding vaccine administration and pre-event clinic operations.

- 8) NE HHSS will use Week One of pre-event vaccination clinics as 'mock public clinics' to train health care providers and local health department staff across the state in smallpox administration technique, patient education and screening protocol, reading 'vaccine takes', mass clinic operations and flow, associated paper work and record keeping, and all other aspects of operating a mass public clinic.
- 9) Week Three of pre-event vaccination clinics will also provide an opportunity for the NE HHSS teams and local health department staff to assess 'vaccine takes', assess vaccine reactions, evaluate and adjust clinic operations and flow, and provide any further education or technical assistance to the local health departments, local health care providers and communities.
- 10) NE HHSS will make available to local health departments and health care providers across the state educational opportunities and materials distributed from the CDC (i.e. satellite conferences, telephone conferences and web-based or CD ROM self-paced modules).
- 11) Nebraska Bioterrorism Education Consortium will assist NE HHSS in providing smallpox training and education to local health departments and health care providers. (See I. Training and Education)

### 3. Intended Days and Hours of Clinic Operations

#### a. Counties other than Douglas and Lancaster

- 1) See D. 1. Number and tentative locations of sites, for clinic days.
- 2) As previously stated, NE HHSS will use pre-event vaccination clinics as 'mock public clinics' to train health care providers and local health department staff across the state in smallpox administration technique, patient education and screening protocol, reading 'vaccine takes', mass clinic operations and flow, associated paper work and record keeping, and all other aspects of operating a mass public clinic. Therefore, training will take place in the morning and pre-event vaccination will be done in the afternoon and early evening.

#### Proposed Site Schedule

8 a.m. - 9 a.m.	NE HHSS staff set up the clinic stations
9 a.m. – noon	Training of local health departments, health care providers, potential mass clinic staff on all aspects of smallpox vaccine and administration, and clinic operations (See above)
1 p.m. – 6 p.m.	Vaccinations administered (These hours should accommodate persons who work any shift.)

- b. DCHD and LLCHD: Contact the departments directly for their proposed schedules.

#### 4. Estimated Number of Clinic Personnel Needed

- a. Counties other than Douglas and Lancaster
  - 1) At a minimum, NE HHSS will have 3 Pre-event Vaccination Teams: 2 NE HHSS staff per team (one administrator/educator and one 'paper work/educator).
  - 2) Local health department staff and potential mass immunization staff will assist NE HHSS at pre-event clinic sites. Because pre-event clinics will be used to educate local health departments and potential mass clinic staff on all aspects of smallpox vaccine administration (screening, vaccine handling and administration, patient education, etc.) and mass clinic operation, it is anticipated that there will be more than enough staff to handle clinic operations.
- c. DCHD and LLCHD: Contact the departments directly for their estimates.

#### 5. Timeline for Selection of Sites and Teams

- December 9, 2002
  - NE HHSS has completed the identification of towns, outside of Douglas and Lancaster counties, where pre-event clinics will be held.
  - NE HHSS has completed the identification of 3 Pre-event Vaccination Teams
  - DCHD and LLCHD: Proposed sites and estimated number of clinic personnel available upon request from NE HHSS.
- By January 6, 2003
  - Local health departments, working collaboratively with NE HHSS and the community, will identify appropriate pre-event clinic sites in the 15 towns across Nebraska.
  - DCHD and LLCHD will determine hours and days of clinics, dependant upon the allotments and dates received.

### **E. Scheduling**

- 1. Estimated number of persons who will be vaccinated each week  
It is estimated that 1750 doses of vaccine will be given during the third week after the National Announcement is made and that the remaining 1750 doses will be given during fifth week after the National Announcement. All pre-event immunizations will be completed within 5 weeks (35 days) after the National Announcement.
- 2. Scheduling  
See D. 3. Intended Days and Hours of Clinic Operations

3. If there is an 'opened' 100 dose vial at the end of the day, the nurse/administrator who has been using that vial will transport the vial to the next clinic and continue to administer vaccine from that vial, until the vial is empty, thereby maintaining the 'chain of control' and ensuring that the vial is not contaminated.

## F. Vaccine Logistics and Security

### 1. Contacts

- a. Primary contact:  
Grey Borden, Smallpox Immunization Coordinator  
NE HHSS  
Telephone – office: (402) 471-2937  
FAX: 402-471-3601  
e-mail: [grey.borden@hhss.state.ne.us](mailto:grey.borden@hhss.state.ne.us)
- b. Alternate contact:  
Keith Hansen, Preparedness Exercise Coordinator  
Telephone – office: (402) 471-2101  
FAX: 402-471-3601  
e-mail: [keith.hansen@hhss.state.ne.us](mailto:keith.hansen@hhss.state.ne.us)
- c. **SHIP TO:**  
Grey Borden, Smallpox Immunization Coordinator  
NE HHS Regulation and Licensure  
PO Box 95007  
301 Centennial Mall South  
Lincoln NE 68509-5007

### 2. Number of Required Doses

NE HHSS is requesting **4000 doses**

### 3. Management and Security of Vaccine and Related Supplies

- a. NE HHSS is the official recipient of the smallpox vaccine and related supplies (diluent, bifurcated needles, transfer syringes and needles, package inserts and lot number stickers) from the Federal Government.
- b. Upon receipt of vaccine, NE HHSS will verify delivery and temperature control with CDC, per CDC's instructions and protocol (Annex 2).
- c. All persons who handle smallpox vaccine and related supplies will be educated regarding and will comply with storage and handling requirements (per CDC Annex 2 and the manufacturers' publications and package inserts).
- d. The primary and secondary NE HHSS contacts will be responsible for ensuring proper vaccine and supply storage, security and logistics (i.e. inventory control and tracking) at the State level. (per CDC Annex 2 and the manufacturers' publications and package inserts).

- e. DCHD and LLCHD will receive their vaccine and related supply allotments from NE HHSS.
  - 1) DCHD and LLCHD have identified primary and back-up vaccine contact persons, who are responsible for ensuring proper vaccine and related supply storage, security and logistics (i.e. inventory control and tracking).
  - 2) DCHD and LLCHD will store allotments of smallpox vaccine in secure refrigerators that are continually monitored. The health departments will follow the same protocol, safety and security measures, and accountability practices that are used to store and protect the childhood vaccines that they receive through NE HHSS.
  - 3) DCHD and LLCHD will store allotments of related supplies in secure facilities that are continually monitored. The health departments will follow the same protocol, safety and security measures, and accountability practices that are used to store and protect the childhood vaccine supplies that they receive through NE HHSS.
  - 4) DCHD and LLCHD vaccination teams will be in attendance at all pre-event clinics and will ensure the safety and integrity of the vaccine and related supplies during pre-event clinics.
- f. All vaccine and related supplies will be stored at the main, secure NE HHSS site, by NE HHSS until they are reallocated to DCHD, LLCHD, or taken by NE HHSS to pre-event clinic sites in the other counties across the state.
  - 1) The main storage refrigerator and vaccine supplies are kept in a locked room in a secure building.
- g. The vaccine and related supplies will be securely transported by NE HHSS vaccination teams to pre-event clinic sites.
  - a) During pre-event clinic Weeks 1 and 3, when the NE HHSS vaccination teams are traveling across the state, the vaccine and related supplies will be stored in a pre-determined, secure location. during non-clinic/non-travel hours.

## G. Clinic Operations and Management

### 1. Education and Screening of Potential Vaccinees

- a. The narration under **C. Identification of Healthcare Smallpox Response Teams**, detailed the mailings sent out by NMA and NHA, that included information and instructions addressing the education and screening of potential vaccinees before naming them to a Smallpox Response Team.
- b. Section C. The Responsibilities of Hospitals and Other Priority Populations and Professions Regarding Pre-vaccination, outlined the hospitals' and other pre-identified professions' responsibilities



regarding pre-event education and initial screening of potential recipients of smallpox vaccine.

- c. As stated previously in the Plan, NE HHSS will use Week One of pre-event vaccination clinics as 'mock public clinics' to train health care providers and local health department staff across the state in smallpox administration technique, patient education and screening protocol, reading 'vaccine takes', mass clinic operations and flow, associated paper work and record keeping, and all other aspects of operating a mass public clinic.
- d. Nebraska will follow the education and screening criteria outlined in the Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications. (copy available upon request).
- e. Nebraska will follow the CDC requirements and recommendations regarding education and screening of potential vaccine recipients, as detailed in CDC Annex 3, including the use of CDC screening forms , education documents, vaccination and take records, etc.

## 2. Management of Clinic Supplies and Equipment

- a. As soon as Nebraska receives notification of its pre-event vaccine allotment, NE HHSS will obtain appropriate inventories of all necessary medical clinic supplies, equipment, forms, records, patient educational materials.
- b. NE HHSS will print necessary forms, educational materials, etc., if not provided by CDC. (Priority order to the State Printing Department)
- c. NE HHSS will distribute clinic supplies to DCHD and LLCHD, in amounts consistent with their vaccine allotments.
- d. NE HHSS, DCHD and LLCHD will store the clinic supplies and equipment will be stored in the same secure facilities as the vaccine.

## 3. Timeline for Implementing Clinic Operations

Addressed previously. See D. Selection of Clinic Sites and Vaccination Teams, and E. Scheduling.

# **H. Vaccine Safety Monitoring, Reporting, Treatment and Patient Referral**

## 1. NE HHSS Contacts:

- a) Primary:  
Cynthia Timpson, RN  
NE HHSS Immunization Program  
Telephone – office: (402) 471-6423  
FAX: 402-471-6426  
e-mail: [cynthia.timpson@hhss.state.ne.us](mailto:cynthia.timpson@hhss.state.ne.us)
- b) Back-up  
Molly Uden, RN,  
NE HHSS Immunization Program

Telephone – office: (402) 471-6423  
FAX: 402-471-6426  
e-mail: [molly.uden@hhss.state.ne.us](mailto:molly.uden@hhss.state.ne.us)

## 2. Consultation, Education, and Patient Referral

- a. NE HHSS will participate in the Smallpox Immunization Safety System (SISS) as described in Annex 4.
- b. NE HHSS will identify and contact several infectious disease specialists who will be available to immediately provide consultation, either face to face, or by telephone, to a health care provider whose patient is suspected to have or is confirmed to have a smallpox vaccination reaction or complication. Consultants will be available on a rotating schedule to ensure continual coverage, 24 hours a day, 7 days a week, 365 days a year.
- c. Information regarding smallpox, smallpox vaccine and vaccination, contraindications and adverse events, treatment, the availability of consultant services, evaluation and treatment of neurologic and dermatologic adverse events, CDC protocols addressing the use of VIG and Cidofovir, how to report adverse events, and other related information will be distributed, prior to pre-event clinics, to local health departments, health care providers, medical clinics, hospitals, through a variety of sources, such as NMA, NHA, and the Association of Infection Control Practitioners, the Nebraska Bioterrorism Education Consortium for Health Care Professionals, NE HHSS, NeHAN and local health departments.
- d. A meeting with all Infectious Disease physicians in Nebraska invited, will be held on December 17, 2002. The purpose of the meeting is to disseminate up-to-date information, answer questions, listen to expert input, and most of all, to ensure that primary care providers' questions will be answered in a consultant fashion and correctly in Nebraska.
- e. Information, as described in b. above, will also be distributed to health care providers attending the pre-event clinics. The same information will also be posted on the NE HHSS web site.
- f. The consultants will confer with Dr. Joann Schaefer, NE HHSS Deputy Chief Medical Officer or Dr. Richard Raymond, NE HHSS Chief Medical Officer, regarding the need to request VIG (Vaccine Immune Globulin) or Cidofovir from CDC.
- g. All requests to CDC for VIG or Cidofovir must be made by NE HHSS.
- h. DCHD and LLCHD will be responsible for vaccine safety monitoring, reporting, treatment and patient referral in their respective counties.
  - 1) DCHD and LLCHD have developed plans detailing the related activities and processes in their counties. (available upon request)
  - 2) DCHD and LLCHD will forward required reports and data to NE HHSS for submission to CDC.

- 3) Requests from DCHD or LLCHD for VIG and Cidofovir will be made to Dr. Joann Schaefer, NE HHSS Deputy Chief Medical Officer or Dr. Richard Raymond, NE HHSS Chief Medical Officer.
- i. Hospitals, emergency responders, local health departments and others providing care to patients suspected to have or confirmed to have smallpox disease or vaccinia, will be provided copies of CDC Decontamination Guidelines.
- j. Hospital and immunization clinic staff will follow published OSHA requirements when handling and disposing of medical waste.
- k. The NE HHSS Chief Medical Officer, Deputy Chief Medical Officer, State Epidemiologist, Communicable Disease Administrator and others designated by the Chief Medical Officer, carry cell phones at all times, and are available for consultation, 24 hours a day, 7 days a week.

## **I. Training and Education**

1. A number of training and educational activities have already been addressed previously in the Plan.
2. Educational materials developed by the CDC and other reputable resources will be used when educating professionals and the public.
3. Using educational strategies outlined elsewhere in this plan, NE HHSS will provide audience appropriate materials to educate state and local public health professionals, health care providers and the public regarding the use of VIG and Cidofovir.
4. NE HHSS will participate in national trainings and/or support the use of hotline(s), educating providers in clinically diagnosing and treating reactions.
5. Nebraska Bioterrorism Education Consortium for Health Care Professionals
  - a. A consortium of twenty-one member organizations, co-chaired by Infectious Disease physicians from the University of Nebraska Medical Center and Creighton University Medical Center, has been built with CDC Bioterrorism Grant Funds to develop education and training capacity within Nebraska and to provide a single source for bioterrorism information to physicians, hospital staff, infection control practitioners, emergency response providers, law enforcement, agriculture and veterinarians, physicians' assistants and nurse practitioners.
  - b. The Nebraska Bioterrorism Education Consortium is developing a centralized, consolidated, user friendly, Web-based, education forum to provide bioterrorism education to health care professionals, veterinarian providers and law enforcement across Nebraska and in neighboring states.
  - c. Using a combination of face-to-face and distance learning technology (i.e. satellite conferences, telephone conferences and web-based or

CD ROM self-paced modules), the Consortium will educate health care professionals regarding smallpox differential diagnosis (i.e. symptoms, laboratory testing, management of cases and contacts, isolation procedures), treatment (VIG and Cidofovir), smallpox vaccine administration (i.e. contraindications), recognition and management of adverse events, VAERS (national Vaccine Adverse Event Reporting System), and public health responsibilities (i.e. reporting suspected cases to public health officials, overview of public health response, including case investigation, contact tracing, isolation and quarantine, public vaccination). The Consortium will also work with NE HHSS in providing training regarding the logistics of receiving, distributing, allocating and storing the stockpile supplies, vaccines and treatment drugs, and the dynamics of incident command.

- d. On November 26, 2002, NE HHSS held a briefing on smallpox for the media, to provide general information on smallpox disease and vaccination, to increase their knowledge level to assist public health officials in educating the public as to the need for planning, and in the event of an outbreak.
- e. On December 2, 2002, a Governor's Press Conference was held to further educate the media and the public on Nebraska's Comprehensive Smallpox Response Plan and Pre-Event Plan. (Attachment 8)
- f. State and local public health officials, private health care providers, and others identified as possibly having a role in the operation of mass clinics and smallpox response, were notified by the Nebraska Bioterrorism Education Consortium and the Chief Medical Officer using the NeHAN and professional associations, of the CDC Smallpox Training satellite broadcast on December 5 and 6, addressing smallpox vaccine, administration, etc.
- g. On December 5, 2002, Drs. Raymond and Schaefer presented an update on smallpox planning, including pre-event vaccination, to the Annual Meeting of Local Health Directors. Other attendees included NE Board of Health members and NE Local Emergency Response. Sharon Medcalf, Bioterrorism Education Coordinator, NE Bioterrorism Education Consortium.
- h. On December 17, 2002, NE HHSS will meet with physicians specializing in infectious diseases and dermatology to discuss smallpox preparedness and pre-event vaccination issues.
- i. The NE HHSS web site includes information on:
  - 1) Agents of bioterrorism, including smallpox;
  - 2) Links to other reputable web sites [i.e. CDC, University of St. Louis, John Hopkins, APIC (Association of Practitioners in Infection Control)].
- j. NE HHSS is developing Nebraska-specific educational materials, including videos, public service announcements, pamphlets, etc. NE

HHSS will also use materials developed by CDC. This information will be distributed:

- 1) Through the newspapers, radio and television;
  - 2) In physicians' offices and hospitals;
  - 3) By community service organizations;
  - 4) By flyers;
  - 5) During church services and other appropriate community gatherings.
- k. Nebraska Governor Mike Johanns and Lieutenant Governor David Heineman will participate in developing public service announcements, that could be aired regarding pre- and post-event smallpox immunization.

## **J. Data Management**

### **1. NE HHSS Contacts:**

- a) Primary Investigator:  
The NE Bioterrorism MD Epidemiologist is expected to assume responsibilities on February 1, 2003. In the meantime, Dr. Joann Schaefer, Deputy Chief Medical Officer, will act in that position.
- b) Co-principle Investigator  
Grey Borden, Bioterrorism Surveillance Coordinator  
Telephone – office: (402) 471-2937  
E-mail - grey.borden@hhss.state.ne.us  
Facsimile – (402) 471-3601
- c) Local Administrator  
David Lawton, NeHAN Coordinator  
Telephone – office: (402) 471-2937  
E-mail – david.lawton@hhss.state.ne.us  
Facsimile – (402) 471-3601

### **2. Operations**

- a. NE HHSS and local health departments will use CDC-provided software to record and monitor vaccine inventories and administration on a daily basis; vaccine takes, vaccine reactions (VAERS) and other recommended pre-event data.
- b. In a vast rural state like Nebraska, it is not feasible to expect that all clinic sites will have adequate electronic connectivity. Nor is it reasonable to expect that local areas will have sufficient numbers of computers that will support the CDC software. Clinic information will be obtained on paper at the clinic sites. The forms will then be transferred to a data entry site that has computers that comply with CDC requirements. The information will be entered into data bases away from the clinic settings, in order to minimize disruptions and data entry, have computer support services readily available, and maximize data entry efficiency.

- c. Computer data bases and stations will be secure and confidential. Computer stations and data entry personnel will comply with the requirements and standards set forth in the Communicable Disease Program Confidentiality Protocol of NE HHS Department of Regulation and Licensure.
- d. NE HHSS will investigate options utilizing real time data entry if efficiency and accuracy are verified, however, we will maintain paper records. Laptop computers with internet access are available for clinic use for pre-event vaccinations.

## **K. Communications**

### 1. Contacts

- a. Primary:  
Kathie Osterman  
NE HHSS Office of Communications and Legislative Services  
Telephone – office: (402) 471-9108  
E-mail: [kathie.osterman@hhss.state.ne.us](mailto:kathie.osterman@hhss.state.ne.us)
- b. NE HHSS Spokesperson for Smallpox Response  
Richard Raymond, MD, Chief Medical Officer  
Telephone – office: (402) 471-8566  
E-mail – [dick.raymond@hhss.state.ne.us](mailto:dick.raymond@hhss.state.ne.us)  
Facsimile – (402) 471-9449

### 2. Critical Communication Issues

- a. Since August 2002, NE HHSS has used a variety of communication methods and training opportunities to communicate with physicians, hospital staff, infection control practitioners, emergency response providers, law enforcement, agriculture and veterinarians, physicians' assistants, nurse practitioners, public health professionals, state and local government officials, and the general public about smallpox disease, vaccination, prevention, etc. These educational and communication activities have been detailed throughout the plan, particularly in I. Training and Education.
- b. NE HHSS has addressed bioterrorism-related communications as part of the CDC Bioterrorism Grant, Focus Area F. In addition, NE HHSS will use the resources provided by the Bioterrorism Education Consortium and NeHAN.
- c. Communications to date include:
  - a) Smallpox Advisory Committee meetings;
  - b) Meetings with the Nebraska Medical Association;
  - c) Meetings with the Nebraska Hospital Association;
  - d) Meetings with the media on November 26 and December 2, 2002;
  - e) Communications with physicians and hospital CEOs through their associations and NeHAN;

- f) Meetings of local health departments with their areas' health care providers, law enforcement, media, first responders, etc., regarding smallpox preparedness and vaccination;
  - g) Meetings with the Directors of local health departments;
  - h) Communications with local health departments through their Executive Director and through NeHAN;
  - i) One-on-one telephone calls and/or e-mails with hospital representatives and others on the pre-event vaccination list to answer questions, clarify issues, etc.
- d. NE HHSS has used and will continue to use, in pre-event and post-event communication activities, the most recent CDC educational resources in its communications and educational efforts, including, but not limited to:
  - Generalized Vesicular or Pustular Rash Illness Protocol (CDC A4-17)
  - Smallpox Vaccination, Vaccination Methods & Reactions
  - Resource information in Annex 9 and Annex 10 of the Supplemental Guidance
- e. The most critical issue is confusion and miscommunication to the public through the media, despite media seminars and very clear hand-outs for the media to reference. The media seems to want "another opinion" on everything related to smallpox to present "the other point of view". NE HHSS will continue to use alternate methods to advance the correct and most current information as provided by CDC and the medical experts.

## **ATTACHMENTS**

**NOTE: Every effort will be made to up-date this document with the most recent Federal requirements, recommendations and guidelines; regardless, NE HHSS will follow the latest requirements issued by the Federal Government and Centers for Disease Control and Prevention (CDC) and use the latest CDC recommendations and guidelines related to the diagnosis and control of smallpox disease, vaccine handling and administration, and the operation of mass clinics.**

Attachment 2: Nebraska – Smallpox Public Health Strike Force

Attachment 3: Members of the NE HHSS Smallpox Advisory Committee

Attachment 4: Smallpox Allocation – 4000 Doses

Attachment 5: Pre-event Smallpox Vaccination – Request for Assistance (NMA and NHA Mailing)

Attachment 6: Distribution of Smallpox Vaccine Doses For Medical Specialists

Attachment 7: Distribution of Smallpox Vaccine Doses To Hospitals Seeing Greater Than 0.5 Percent of the State's Patients

Attachment 8: NE HHSS Q & A on Smallpox Pre-Event Vaccination Plan



## Attachment 2

**NEBRASKA – SMALLPOX PUBLIC HEALTH STRIKE FORCE****DOSES  
NEEDED**

Deputy Chief Medical Officer	1
State Epidemiologist	1
Immunization Program/Disease Control Investigative Staff	11
Communicable Disease Programs Administrator	1
Immunization – Program Manager	1
Arturo Coto, HHSS Public Health Assurance: DXed Smallpox & Bilingual	1
Large Health Departments: Douglas and Lancaster Counties (15 doses each, identification of vaccine recipients determined at the local level)	30
Air Mobile Ambulance Services (30 doses) If unable to fly vaccine recipients will travel by ground ambulance to assure coverage in all weather.	30
Nebraska State Patrol (6 doses)	6
Public Health Lab	4
Others With Potential Face to Face Contact (i.e. Infectious Disease Specialists, Dermatologists, etc)	60
Translators	24
<b>TOTAL</b>	<b>170</b>

**ATTACHMENT 3**  
**MEMBERS OF THE NE HHSS SMALLPOX ADVISORY  
COMMITTEE**

(Subcommittee of the Nebraska Bioterrorism Advisory Committee)

- Joann Schaefer, MD, Chair, NE HHS System
- Richard Raymond, MD, NE HHSS Chief Medical Officer
- Dave Tolo, MD, Children's Hospital, Emergency Services and Poison Control Center, Omaha
- Archie Chatterjee, MD, Creighton Univ. Medical Center, Omaha
- Ruth Purtilo, PhD, Creighton Univ. Center for Health Policy and Ethics, Omaha
- Bill Madison, Deputy Fire Chief, Lincoln
- Joe Stothert, MD, University of Nebraska Medical Center; Executive Director, Nebraska Trauma System, Omaha
- Kevin Hergott, Jefferson County Ambulance Service, Fairbury
- Jan Stordahl, Bryan/Lincoln General Hospital, Lincoln
- Joni Cover, Nebraska Hospital Association
- Lori Snyder, St. Elizabeth Regional Medical Center, Infection Control Practitioner, Lincoln
- Sharon Medcalf, Infection Control Practitioner, NE Health System, Omaha
- Andrea Nelson, Lincoln, Nebraska Board of Health
- Bruce Dart, Director, Lincoln/Lancaster County Health Department, Lincoln
- Kay Oestmann, Acting Director, Southeast District Health Department, Auburn
- Senator Jim Jensen; Chair, Health and Human Services Committee, Nebraska Unicameral, Omaha
- Senator Joel Johnson, MD, Kearney
- Carole Douglas, Lincoln/Lancaster County Health Department, Lincoln
- Julie Rother, Central Nebraska Community Services, Loup City
- Col. Chris Maasdam, Nebraska National Guard, Lincoln
- Kristine McVey, MD, MPH, Indian Chicano Health Center, Omaha
- Jose Romero, MD, Creighton University Medical Center, Omaha
- Doug Clark, Omaha-Douglas County Health Department, Omaha
- Thomas S. Stalder, MD, Infectious Disease Specialist, Nebraska Medical Association, Lincoln
- Scott Diering, MD, Nebraska Medical Association, Scottsbluff
- Dick Raymond, MD, Chief Medical Officer, NE HHSS, Lincoln
- Grey Bordon, Immunization Program Coordinator, NE HHSS, Lincoln  
(Mr. Borden assumed the position of BT Surveillance Coordinator, November 18, 2002. He is also the Smallpox Vaccination Coordinator)
- Christine Newlon, RN, Communicable Disease Program Administrator, NE HHSS, Lincoln
- Tom Safranek, MD, State Epidemiologist, NE HHSS, Lincoln
- Nettie Grant Sikyta, Native American Affairs Liaison, NE HHSS, Lincoln
- Kathleen Fosler, Governor's Policy Research Office, Lincoln

## ATTACHMENT 4

Smallpox Allocation	4000 Doses
# of Doses	Target Groups
170	Public Health Strike Team
96	Hospitals in large Counties likely to receive referrals: 6 doses per hospital [Douglas(6), Sarpy(1), Lancaster(3), Hall(1),Buffalo (1), Adams(1), Lincoln(1), Scotts Bluff(1), Madison(1 )]
222	72 hospitals in small counties: 3 doses per hospital; 6 doses for Indian Health Services (Winnebago, Macy, Santee)
250	Medical Specialists to be allocated to hospitals per census
150	Essential Services (i.e. power, water, telephone, transportation)
50	Local and Regional Health Departments (excluding DCHD & LLCHD)
45	FBI & other Law Enforcement including tribal law enforcement
200	National Guard Security and Immunization Team
300	Immunization Providers
500	Stockpile for immediate post-exposure vaccination of health care providers, family members
100	Community Health Centers
24	Additional Lab personnel
24	Additional interpreters
1852	Distributed proportionally to hospitals (discharging >1000 patients/yr and each accounting for >0.5% of state's total discharges)
4000*	

\*Note: The individual amounts allocated to each target group do not total 4000 doses, taking into account vials with less than 100 doses and the need to provide allotments to DCHD and LLCHD.

**ATTACHMENT 5**

# ***NMA Action Alert***

**Distribute to all physicians•Distribute to all physicians•Distribute to all physicians•Distribute to all physicians**

## **Pre-event Smallpox Vaccination – Request for Assistance**

Over the past several months, an Advisory Committee comprised of Nebraska experts of infectious diseases, public health, and others, has been meeting with the Nebraska Health and Human Services System officials to create a plan in the event of the use of smallpox as a biological weapon.

While no such threats have been made, HHS is developing a voluntary plan that includes vaccinating some hospital employees. HHSS has asked for the NMA's help in advising physicians on elements of this plan.

In the event that vaccination becomes necessary, each of the hospitals in the state's nine largest counties (Adams, Buffalo, Douglas, Hall, Lancaster, Lincoln, Madison, Sarpy and Scottsbluff) will receive six (6) doses of vaccine. The hospitals in the remaining smaller counties will receive three (3) doses per hospital. Each hospital will decide who is on its smallpox response team. **The team should be made up of those most likely to respond to a suspected or confirmed case and should include a physician, physician assistant or advanced practice registered nurse.** Other team members might include nursing, laboratory or radiological staff so that a variety of health professions are available to provide relief to a hospital with a suspected or proven case of smallpox.

### ***Action Requested***

**Physicians who are interested in serving on the smallpox response team and willing to receive vaccination for their hospital should contact the hospital's Chief Executive Officer. For those in the Metro Omaha area, you may also choose to contact your chief medical officer.** HHS has asked that all Nebraska hospitals submit the name and profession of their smallpox response team no later than October 25, 2002, therefore physicians are asked to contact their hospital CEO as soon as possible.

Please refer to the attached "Responding to the Potential for a Smallpox Event in Nebraska" question and answer sheet. Questions? Contact Christine M. Newlon, RN, Administrator, Communicable Diseases, NE HHSS, 402/471-2937, [Christine.newlon@hhss.state.ne.us](mailto:Christine.newlon@hhss.state.ne.us).

**ATTACHMENT 5 (page 2)**  
**NE Hospital Association Cover Letter**

TO: Member Hospital CEOs, Infection Control Managers, Emergency Department Directors

FROM: Laura J. Redoutey, FACHE  
President

DATE: November 26, 2002

SUBJECT: PLEASE RESPOND TO SMALLPOX VACCINATION REQUEST

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Last week, Nebraska Chief Medical Officer Dick Raymond asked for NHA's assistance in promoting the need for voluntary smallpox vaccination. Dr. Raymond stated that President Bush is planning to make an announcement after the Thanksgiving holiday, promoting our national bioterrorism preparedness planning. Having voluntary hospital employees vaccinated for smallpox is a part of that plan.

Each of the hospitals in the state's nine largest counties (Adams, Buffalo, Douglas, Hall, Lancaster, Lincoln, Madison, Sarpy, and Scottsbluff) will receive six (6) doses of vaccine. The hospitals in the remaining smaller counties will receive three (3) doses per hospital. In October, the Nebraska Health and Human Services System mailed a questionnaire to all hospitals, asking you to identify your employee volunteers.

I have included a smallpox information guide, which was also sent to your Infection Control Director and Emergency Department Director, so that your volunteers can make an informed decision about taking the smallpox vaccine.

It is very important for Nebraska hospitals to be prepared for any type of possible bio-chemical outbreak. Innoculating volunteer employees is a wise preventative measure. I encourage you to respond to the HHSS questionnaire as soon as possible.

If you have questions about possible side effects or legal issues, please contact the smallpox response coordinators at the HHSS, Grey Borden at 402/471-2548; or Christine Newlon, RN, at 402/471-2937.

Please submit the name and profession of your smallpox response team to:

Christine M. Newlon, RN  
Administrator, Communicable Diseases  
NE Health & Human Services, Regulation & Licensure  
P.O. Box 95007  
Lincoln, NE 68509-5007  
(402) 471-2937 or FAX (402) 471-3601  
e-mail: [Christine.newlon@hhss.state.ne.us](mailto:Christine.newlon@hhss.state.ne.us)

Please feel free to contact me with any questions or concerns you may have. I welcome your input.

## ATTACHMENT 5 (page 3)

**RESPONDING TO THE POTENTIAL FOR A SMALLPOX EVENT IN  
NEBRASKA****Why is there concern about smallpox?**

Smallpox vaccination was discontinued when the World Health Assembly officially certified the global eradication of smallpox in May 1980. The only remaining stocks of smallpox viruses were secured for research purposes in the United States and the Soviet Union. There is concern that the Soviet Union's "research" included the possible reintroduction of smallpox virus back into the world's population for use as a biological weapon.

**What is being done to prepare for the possible use of smallpox as a bioterrorism weapon?**

As part of the response planning taking place, the Office of Homeland Security and the Nebraska Health and Human Services System (HHSS), with the assistance of an advisory committee, have developed a plan for limited pre-event vaccination. Since no guidance has yet to be received from the Centers for Disease Control and Prevention (CDC) regarding this issue, the committee prioritized pre-event vaccination, anticipating that Nebraska will receive vaccine in increments of 500 doses per vial. A Public Health Strike Force has been included in the use of the first 500 doses. The pre-event vaccination plan provides limited protection in the unlikely event that the initial case(s) would occur in Nebraska. In the actual event of proven smallpox, a definite, intentional bioterroristic act of war, the CDC will provide further guidance concerning targeted recipients and possible mass vaccination.

**Who is targeted to get the vaccine?**

In the '500 dose' plan, the vaccine will be distributed among health care providers across the state who might first encounter the potential smallpox cases. Additionally, it is planned that vaccinated hospital providers will provide relief to a hospital contaminated, or thought to be contaminated with a smallpox victim, protecting the health care workers not vaccinated pre-event. Vaccine will also be offered to pre-designated individuals who will transport patients to receiving hospitals with additional vaccine going to pre-identified individuals within the hospitals themselves. The remainder of the vaccine will be administered to the Public Health Strike Team who will investigate the potential cases, coordinate the outbreak response, begin the criminal investigation, contact the CDC for assistance, order in additional vaccine supplies, and assist communities with the immunization of both exposed individuals and others.

**How many doses are the hospitals receiving? Who else will get vaccinated?**

First and foremost, vaccination is voluntary. In the '500' dose plan, each of the hospitals likely to receive referrals, in the state's nine (9) largest counties (Adams, Buffalo, Douglas, Hall, Lancaster, Lincoln, Madison, Sarpy, and Scotts Bluff), will receive six (6) doses of vaccine. The hospitals in the remaining smaller counties will receive three (3) doses per hospital. Indian Health Service sites in Winnebago, Macy and Santee will receive two (2) doses each.

The remaining doses will be administered to the Nebraska Smallpox Public Health Strike Force. Strike Force members will investigate potential cases, coordinate the outbreak response, begin the criminal investigation, contact the CDC for assistance, order in additional vaccine supplies, and assist communities with the immunization of exposed individuals and others. The Strike Force includes public health officials and staff, air ambulance services, Nebraska State Patrol, translators and others with high potential for face to face contact.

**Who, in the hospitals, should get those doses?**

Each hospital will decide who is on its smallpox response team. The team should be made up of those most likely to respond to a suspected or confirmed case and should include a physician, physician assistant or advanced practice registered nurse. Other team members might include nursing, laboratory or radiological staff so that a variety of health professions are available to

provide relief to a hospital with a suspected or proven case of smallpox. Please submit the name of your hospital, and response team members, by name and profession, by October 25, 2002 to:

Christine M. Newlon, R.N., Administrator, Communicable Diseases  
NE Health & Human Services Regulation & Licensure  
PO Box 95007-5007, Lincoln, NE 68509-5007  
Phone 402-471-2937 FAX: 402-471-3601  
E-Mail: christine.newlon@hhss.state.ne.us

#### **What are the contraindications? Who should not volunteer to be vaccinated?**

When there has been no exposure, the following are considered to be contraindications:

- Weakened immune system (i.e. HIV/AIDS; cancer);
- Pregnancy;
- Receiving oral steroids;
- History of eczema or atopic dermatitis;
- Other skin conditions such as burns, impetigo, contact dermatitis, or zoster;
- Allergies to antibiotics polymixin, streptomycin, chlortetracycline, or neomycin

In addition to the contraindications previously listed, persons should not volunteer for pre-event vaccination if they:

- Regularly provide care to immunocompromised patients;
- Live with someone who is:
  - Immunocompromised;
  - Pregnant;
  - Under one year of age.

#### **What are the risks of vaccination and can the reactions be treated?**

Some sources estimate that 30% of vaccinees will miss at least one day of work because of reactions to the vaccine. Initial studies have shown that those previously vaccinated are less likely to react to the vaccine.

- Mild to moderate reactions:
  - Swelling and tenderness of lymph nodes, lasting 2-4 weeks after the blister has healed
  - Fever of over 100° F occurs in about 70% of children, but is less common in adults.
  - Secondary blister elsewhere on the body (about 5 per 10,000)
  - Mild rash, lasting 2-4 days
- Moderate to severe reactions:
  - Vaccine rash on entire body (about 2-3 per 100,000)
  - Severe rash on people with eczema (about 4 per 100,000)
  - Encephalitis (severe brain reaction), which can lead to permanent brain damage (about 1 per 100,000)
  - Severe infection beginning at the vaccination site (about 1-2 per million)
  - Death (about 1 per million, mostly in people with damaged immune systems)

Treatment for reactions:

There are two treatments for serious reactions to smallpox vaccine. They are Vaccine Immune Globulin (VIG) and Cidofovir. Both medications are given intravenously. These treatments are investigational and may also cause serious side effects.

#### **When will the hospitals receive the vaccine?**

While it is anticipated that the vaccine may be distributed in the near future, the date has not yet been announced. It is Nebraska's intent to have individuals identified prior to the release of the vaccine so that response teams can be vaccinated as soon as possible.

#### **Who will administer the vaccines to the response teams?**

If Nebraska receives 500 doses of vaccine in one multi-dose vial, it is anticipated that regional vaccination sites will be set up and the vaccine will be administered by NE HHSS staff. If Nebraska receives more than 500 doses of vaccine for pre-event, the plan identifies who the additional pre-event vaccine recipients will be. Vaccination plans may change, depending on the amount of vaccine Nebraska receives.

**Will this plan change?**

It must again be stressed that it is unknown if Nebraska or any other state will receive vaccine under the scenarios Nebraska used in drafting its plan. If the state does receive vaccine pre-event, it is not known how doses will arrive or if the CDC will have limitations on who may be vaccinated.

What is known is that the CDC has Nebraska's current pre-event plan and is reviewing it as a unique plan that takes rural hospitals into consideration for preparation for a suspected or proven first case of smallpox, in light of the state's limited health care resources, and also recognizes the need for accurate translation services in the lesser populated counties. Nebraska's plan has also been made available through the association of State and Territorial Health Officers to other states with similar demographics.

Where can additional information about smallpox, bioterrorism and response, be found?

The following websites are excellent resources for practitioners and the general public regarding Bioterrorism and Response: NE HHSS: [www.hhs.state.ne.us](http://www.hhs.state.ne.us) CDC: [www.cdc.gov](http://www.cdc.gov)

Any questions can be directed to Chris Newlon:

Christine M. Newlon, R.N., Administrator, Communicable Diseases  
NE Health & Human Services Regulation & Licensure  
PO Box 95007-5007, Lincoln, NE 68509-5007  
Phone 402-471-2937



## ATTACHMENT 6

<b>Distribution of Smallpox Vaccine Doses For Medical Specialists 250 Doses Available</b>			
<b>Hospital / Hospital System</b>	<b>COUNTY</b>	<b>2001 Discharges</b>	<b>Doses Allocated for Specialists</b>
Omaha - Alegent System	Douglas	29900	43
Lincoln - Bryan/LGH Medical Center	Lancaster	22900	33
Omaha – Nebraska Health System	Douglas	21400	30
Omaha – Nebraska Methodist	Douglas	19600	29
Lincoln – St. Elizabeth	Lancaster	12400	18
Omaha- Creighton Univ. Med. Center	Douglas	10900	16
Grand Island - St. Francis	Hall	8300	12
Kearney - Good Samaritan	Buffalo	8200	12
Scottsbluff – Regional West	Scotts Bluff	6900	10
Norfolk – Faith Regional Health Services	Madison	6400	8
North Platte – Great Plains	Lincoln	5400	6
Hastings – Mary Lanning Memorial Hospital	Adams	5200	6
Fremont – Fremont Memorial Hospital	Dodge	4200	5
Omaha – Children's Memorial Hospital	Douglas	3900	17
Columbus Community Hospital	Platte	3000	5
<b><u>TOTAL</u></b>		1686000	250

**ATTACHMENT 7****Distribution of Smallpox Vaccine Doses To Hospitals Seeing Greater Than 0.5 Percent of the State's Patients****1852 Doses Available**

<b>Hospitals With at Least 1% of State's Total Discharges</b>	<b>Discharges</b>	<b>% of Total</b>	<b>Doses Available</b>
LINCOLN BRYAN/LGH MED CNTR	22911	13%	232
OMAHA NEBRASKA HEALTH SYSTEM	21440	12%	217
OMAHA NEBRASKA METHODIST	19653	11%	199
OMAHA ALEGENT BERGAN MERCY	17196	9%	174
LINCOLN ST ELIZABETH CHC	12365	7%	125
OMAHA ST JOSEPH HOSPITAL	10870	6%	110
OMAHA ALEGENT HTH IMMANUEL	9311	5%	94
GRAND ISLAND ST FRANCIS	8252	5%	83
KEARNEY GOOD SAMARITAN HOS	8175	4%	83
SCOTTSBLUFF REGIONAL WEST	6934	4%	70
NORFOLK FAITH REG HLTH SRV	6445	4%	65
NORTH PLATTE GREAT PLAINS	5365	3%	54
HASTINGS MARY LANNING MEM	5172	3%	52
FREMONT MEMORIAL HOSPITAL	4236	2%	43
OMAHA CHILDREN'S MEM HOSP	3883	2%	39
OMAHA VETERANS ADM MED CTR	3461	2%	35
PAPILLION ALEGENT MIDLANDS	3407	2%	34
COLUMBUS COMMUNITY HOSP	3044	2%	31
HOLDREGE PHELPS MEMORIAL	1764	1%	18
BROKEN BOW MELHAM MED CNTR	1543	1%	16
MCCOOK COMMUNITY HOSPITAL	1483	1%	15
LEXINGTON TRI-COUNTY HOSP	1468	1%	15
BEATRICE HOSP & HLTH CNTR	1459	1%	15
ALLIANCE BOX BUTTE GENERAL	1123	1%	11
YORK GENERAL HOSPITAL	1062	1%	11
O'NEILL ST ANTHONY'S	1054	1%	11
<b>TOTAL</b>	<b>183076</b>	<b>100%</b>	<b>1852</b>



## ATTACHMENT 8

Q & A ON SMALLPOX PRE-EVENT VACCINATION PLAN 12/13/02

**1. Does Nebraska agree with the President's decision to offer smallpox vaccinations in stages?**

We were kept well informed as deliberations occurred about vaccinations. Because of that, we created a pre event vaccination plan and Nebraska is ready to respond quickly to President Bush's decision to offer smallpox vaccinations in stages. This new national policy will allow states to create public health and healthcare response teams so the United States is ready, should smallpox be released anywhere in this country or in the world at large. We agree with the President's decision.

**2. The Smallpox Pre-Event Vaccination Plan was submitted on December 9, 2002 to the Centers for Disease Control and Prevention. Nebraska began working on a pre-event plan back in August 2002, with our ad hoc Smallpox Advisory Committee. Members are:**

- Joann Schaefer, MD, Chair, HHS System
- Dave Tolo, MD, Children's Hospital, Omaha
- Archie Chatterjee, MD, Creighton University, Omaha
- Ruth Purtilo, PhD, Creighton University Center for Health, Omaha
- Bill Madison, Deputy Fire Chief, Lincoln
- Dr. Joe Stothert, University of Nebraska Medical Center, Omaha
- Kevin Hergott, Jefferson County Ambulance Service, Fairbury
- Jan Stordahl, BrianLGH, Lincoln
- Joni Cover, Nebraska Hospital Association
- Lori Snyder, St. Elizabeth Regional Medical Center, Lincoln
- Sharon Medcalf, Nebraska Health System, Omaha
- Andrea Nelson, Lincoln
- Bruce Dart, Lincoln/Lancaster County Health Department, Lincoln
- Kay Oestmann, Southeast District Health Department, Auburn
- Senator Jim Jensen, Omaha
- Senator Joel Johnson, Kearney
- Carole Douglas, Lincoln/Lancaster County Health Department, Lincoln
- Julie Rother, Central Nebraska Community Services, Loup City
- Col. Chris Maasdam, Nebraska National Guard, Lincoln
- Kristine McVey, MD, MPH, Indian Chicano Health Center, Omaha
- Jose Romero, MD, Creighton University, Omaha
- Adi Pour, Omaha-Douglas County Health Department, Omaha
- Thomas S. Stalder, MD, Nebraska Medical Association, Lincoln
- Scott Diering, MD, Nebraska Medical Association, Scottsbluff
- Dick Raymond, MD, HHS System, Lincoln
- Grey Borden, HHS System, Lincoln

- Chris Newlon, HHS System, Lincoln
- Tom Safranek, MD, State Epidemiologist, HHS System, Lincoln
- Nettie Grant Sikyta, HHS System, Lincoln
- Kathleen Fosler, Governor's Policy Research Office, Lincoln

**3. Is Nebraska prepared to begin an immediate vaccination program? How long will it take for Nebraska to become prepared?**

We began Pre-Event preparations in August 2002, when the Smallpox Advisory Committee first met. We have been working with the Nebraska Medical Association, the Nebraska Hospital Association and other agencies since then to identify individuals who will receive vaccine pre-event. We will be ready by the time we receive the vaccine.

**4. What will it take for Nebraska to implement this recommendation?**

We have been working with hospitals and other organizations for two months, asking them to submit names/job titles of key individuals they believe should be vaccinated in the Pre-Event phase and answering their questions. The HHSS internal Smallpox Committee will review the list and make any needed adjustments.

**5. Will Nebraska be re-assigning staff in order to implement this recommendation? Will Nebraska be hiring additional staff in order to implement this recommendation?**

Staff are being reassigned as needed. A Deputy Chief Medical Officer was hired 7/1/02 to direct the smallpox effort, using Bioterrorism dollars. No additional staff will be necessary. The Local Health Departments have also committed staff and time to this effort.

**6. How does this Federal policy relate to Nebraska's current bio-terrorism preparedness efforts? Does this policy match current Nebraska planning?**

The Federal policy goes hand-in-hand with Nebraska's Pre-Event efforts. Initial federal plans appeared to lean toward more densely populated, urban states. Nebraska provided input, was able to get some changes to make it more applicable to rural states, and continues to act as a resource to the federal government.

**7. How much will it cost in terms of a) money and b) resources for Nebraska to implement this recommendation?**

There will be some reallocated staff time involved, and possibly some time donated by volunteers, agencies, health departments and private health care providers.

**8. Now that a Federal policy has been announced, how will Nebraska implement the policy? What are the first or next steps for Nebraska?**

We began in October, by asking hospitals and other public health and law enforcement organizations to send in a list of key personnel to be vaccinated, in accordance with the Advisory Committees allocations. We will map the number of vaccines needed, by Local Health Departments, and set up clinics geographically.

**9. Who in Nebraska will be involved in implementing this policy? Which Nebraska officials will be assigned responsibilities?**

Grey Borden will be the key contact for day-to-day operations; Chris Newlon will supervise clinic activities; Dr. Joann Schaefer, Deputy Chief Medical Officer, will provide oversight; and ultimate responsibility will fall on the Chief Medical Officer.

**10. Which Nebraska non-government agencies or organizations will be involved?**

**Could you describe, for example, how Nebraska will collaborate with hospitals?**

Office of Minority Health, Nebraska Hospital Association, the Tribes, law enforcement, hospitals, the Nebraska Medical Association, EMT/air ambulance services, local County Health Departments, Community Action Agencies, Public Health Association of Nebraska, National Guard, Community Health Centers, Red Cross, etc.

The Bioterrorism Education Consortium will lead the education effort for hospital infection control officers and occupational medicine officers.

The Nebraska Hospital Association was involved in the Smallpox Advisory Committee's deliberations, both by hospital CEOs and NHA executives. Since then, we have been working with the NHA to educate hospitals as to the need for our pre-event plan to disseminate information and answer questions and to obtain lists of potential vaccine recipients.

**11. Who in Nebraska will be involved in determining and selecting the people who will be vaccinated - e.g., determining whether an individual is eligible to be vaccinated?**

The Smallpox Advisory Committee prioritized the types of people who should be vaccinated. The Chief Medical Officer and HHSS Smallpox team asked hospitals and other organizations to supply a list of names of those people and advised on risk factors precluding voluntary pre-event vaccination. The HHSS Smallpox team will review to ensure all the necessary types of individuals and professions and specialties are included. Screening will be done at each clinic prior to actual inoculation to insure there are no known risk factors to immunizations for each individual.

**12. Who in Nebraska will be administering the actual vaccinations?**

The Lincoln/Lancaster County Health Department and Douglas County Health Department will do their respective counties. Three teams from Nebraska HHSS will provide services with the assistance of local health departments in 15 communities.

**13. Who will determine which hospitals and medical facilities should have Healthcare Response Teams?**

All acute care med/surg hospitals will have the opportunity to have volunteers from among their employees participate on a Team.

**14. How many people do you think will be vaccinated in Nebraska as a result of this Federal policy?**

We asked for 4,000 doses. We have prioritized the use of the vaccinations for the people identified through our work with the Smallpox Advisory Committee. We hope to be allowed to keep 500 doses back for immediate vaccination post-exposure to an actual case of smallpox, while awaiting decisions regarding mass immunizations.

**15. When will the first people in Nebraska be vaccinated? Who are these people likely to be?**

The first people will be vaccinated within two weeks of receipt of the vaccine, and we will move across the state as efficiently as possible. This is pre-event only. Mass vaccination plans are totally different. The first volunteers will be vaccinated pre-event, and consist of health care providers and the Nebraska Smallpox Strike Team.

**16. What is Nebraska's timeline for implementing this new Federal policy?**

We'll move as rapidly as possible. Within 15 days after the announcement, we must have all plans and names solidified, with three weeks total to vaccinate.

**17. How does Nebraska plan to monitor and deal with smallpox vaccine safety?**

We will educate (as we are currently doing) regarding risk factors and who should not receive vaccine in a pre-event plan. We will do careful screening in order to avoid adverse effects. Individuals will sign a statement saying they are not in a "risk factor" category, and they will see the same health professional/Infection Control specialist, who will look at the vaccination site each day, to monitor and refer as necessary. The hospital Infectious Disease officers will participate in an educational program to help assure consistency in reporting and treatment.

**18. How will smallpox vaccination adverse events be handled?**

Minor events will be handled by a person's regular physician. If a serious event should occur, it will be handled by a contracted Infectious Disease physician in Nebraska, in consultation with the CDC. Current testing and previous vaccination efforts would indicate we should anticipate less than five serious, adverse reactions.

**19. Are Nebraska hospitals and clinics prepared for recognizing and treating vaccination adverse effects?**

Most, if not all, practicing physicians have never seen a case of smallpox. It is imperative that we educate providers, and we will help physicians become better prepared through our Bioterrorism education consortium.

**20. What will Nebraska do if there is a confirmed serious adverse reaction, or death, from the vaccine? Following up on that question, will you halt all immunizations?**

The CDC would be called to get VIG or Cidofovir released for a serious reaction, if

applicable. Immunizations will not be halted, unless the CDC should so advise. Remember, death occurs in only 1-2 per million vaccinees. While that is not a trivial number, it is an expected risk and protection for the nation would go forward if one occurred.

**21. How should the Pre-Event Vaccination Plan weigh the risks vs. the benefits of the vaccine?**

The knowledge of the risk of infection as an intentional or accidental release of the virus is limited to those with a need to know. Since the determination has been made to release Pre-Event vaccine, it is assumed the risk of infection is significant enough to begin vaccination of the first responders. Good screening will help identify people who should not receive the vaccination and reduce the risk from the vaccine itself. The Pre-Event preparation is being done to ensure that suspicious cases can be investigated, contacts identified, transportation is available, quarantine control can be enabled, and hospitals can care for their patients presently hospitalized if a smallpox case would be identified, or any other suspicious rash and illness prior to smallpox being confirmed anywhere on the globe that may require quarantine. It is also being done to provide a core infrastructure staff to provide services for all hospitals, should a mass vaccination plan be enacted.

**22. How much will it cost Nebraska to implement this Federal policy? Have those funds been provided? If not, when will those funds be provided?**

The cost is estimated to be \$250,000 from our CDC bioterrorism funds, but Nebraska will do whatever is needed to respond. There will be staff time involved. There may be County Health Department staff and private providers involved. No specific funds have been identified as coming from the federal government for this effort. We should be able to manage unexpected expenses through the CDC Bioterrorism funding received this year.

**23. Will Nebraska need additional funds to implement this policy?**

No. Nebraska received over \$10 million for Bioterrorism preparedness. If needed, we will utilize a portion of these grants.

**24. What costs will Nebraska have to assume as a result of this Federal policy?**

The Pre-Event plan in Nebraska is to protect our most valuable health care assets – health care professionals and facilities – in the event of an outbreak. Any costs assumed will be well worth it.

**25. Why can't members of the public get smallpox vaccine right now-why do they have to wait?**

Distribution of the vaccine is a Federal decision, based on high-level information about the risks and benefits. There is enough vaccine at CDC for the entire U.S. population, but only 2.7 million doses of vaccine are currently licensed by the FDA. Until more is licensed, after further testing for serial dilution, it is unlikely that it would be released to the general public. The vaccine is not without side effects, some quite serious. A new, safer vaccine is being produced, but when it will be licensed is

unknown. Mass immunization plans have been completed for Nebraska. We could provide immunization for every resident within four days if necessary.

**26. How great or real a threat is smallpox to Nebraska?**

We cannot answer that question specifically, but the Federal government is concerned enough to ask states to plan to protect critical personnel, is releasing enough vaccine for Pre-Event use, and required states to submit plans for mass immunizations by December 1, 2002.

**27. When was the last person in Nebraska vaccinated for smallpox?**

The Advisory Committee on Immunization Practices (ACIP) and the CDC recommended stopping routine vaccinations in 1972. Only persons at high risk have been vaccinated since 1972, such as laboratories and workers, travelers to Third-World countries, and some members of the military.

**28. Is anyone in Nebraska trained to administer smallpox vaccine?**

Yes, but because that experience would be from at least 30 years ago, CDC and Nebraska HHSS will make new training available.

**29. Is this an indefinite program or does it have a stopping point? How long do you expect to continue a smallpox vaccination program?**

Federal guidelines are based on the best knowledge available today. CDC will provide a certain number of doses to each state. It is possible that additional doses would be made available at a later date for further immunizations of key personnel, based on updated intelligence.

The current program will obviously stop when we have vaccinated those volunteers identified by the Smallpox Advisory Committee as being key to our efforts to being prepared to respond to a biological warfare attack using smallpox virus.

**30. In general, how prepared is Nebraska for a smallpox case or outbreak?**

We're a lot better prepared than we were a year ago, and enormously more prepared than we were on 9-11 of 2001. It's like a football game, where the team comes together before the season starts and practices, and practices and practices. Then on the first play of the first game, the other team makes a trick pass. But because you all know each other, the team can quickly shift plans to respond. The game plan has been created through hours of hard work by staff and local health officials, but it will no doubt need changes in the event that plans are activated.

**31. Where will the smallpox vaccine be kept?**

We have a secure, locked location that has alarm sensors to maintain a constant temperature. Staff are on 24-hour call.



**32. Why aren't any EMTs on the list to be vaccinated?**

The Smallpox Advisory Committee included EMTs. They agreed that two shifts each of air ambulance crews would be vaccinated. These individuals would pick up and transport the first reported case of smallpox. During inclement weather, they may use ground transportation to transport the patient.

**33. What should people do if they have questions?**

The public can call their local health department, or log onto this web site: [www.hss.state.ne.us](http://www.hss.state.ne.us) . There are also links to the CDC and Johns Hopkins on our web site.

**34. Is the vaccine we will use licensed?**

Yes.